



PAW

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/750,034
		Filing Date	December 31, 2003
		First Named Inventor	Suneel G. Mitbander
		Art Unit	2131
		Examiner Name	To Be Determined
Total Number of Pages in This Submission	17	Attorney Docket Number	42P18011

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<input checked="" type="checkbox"/> Amendment / Response <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> PTO/SB/08  <input type="checkbox"/> Certified Copy of Priority Document(s)         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Basic Filing Fee  <input type="checkbox"/> Declaration/POA         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53         </div> </div> </div>	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Farzad E. Amini, Reg. No. 42,261 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	9.19.2006

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Suzanne Johnston	
Signature		Date 9/19/2006



## TRANSMITTAL for FY 2005

*Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$ 0.00)

<b>Complete if Known</b>	
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First Named Inventor	Suneel G. Mitbander
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Art Unit	2131
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**METHOD OF PAYMENT** (check all that apply)

Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s)  Credit any overpayments under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

## **FEE CALCULATION**

## 1. EXTRA CLAIM FEES

I. EXTRA CLAIM FEES		Extra Claims	Fee from below	Fee Paid
Total Claims	23	$23^* =$ 0	$\times 50.00$ =	\$0.00
Independent Claims	3	$3^* =$ 0	$\times 200.00$ =	\$0.00
Multiple Dependent				

Large Entity	Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	790	2204	395	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (1)</b>			<b>(\$)</b>	<b>0.00</b>

*\*\*or number previously paid, if greater. For Reissues, see below.*

## 2 ADDITIONAL FEES

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,590	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402		2402		Filing a brief in support of an appeal
1403		2403		Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460		2460		Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.121)
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.121)

**Fee Paid**

**Other fee (specify)**

**SUBTOTAL (2)**

1

Complete (if applicable)

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Farzad E. Amini	Registration No. (Attorney/Agent)	42,261	Telephone (310) 207-3800
Signature			Date	9/19/66

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 12/15/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450